
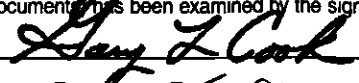



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 028-037	2. PERIOD COVERED MO DAY YEAR From 07 01 2001 Through 06 30 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name LELAND Last Name FIELDER P.O. Box • Building and Room Number (if any) CARPENTERS AFL-CIO LU 792 Number and Street 212 SOUTH FIRST ST City ROCKFORD State ZIP Code + 4 IL 61104-		
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.			
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number 21(b)	Journeyman \$300 Apprentices: 1st year \$50 2nd year \$120 3rd year \$180 4th year \$240		
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED:  09/30/02 (815) 963-7478 Date Telephone Number		77. SIGNED:  9/30/2002 (815) 963-7478 Date Telephone Number	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | X |
| 12. Have a political action committee (PAC) fund? | X | |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1141
19. What is the date of your organization's next regular election of officers? MO YEAR
06 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 60000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>20</u> per <u>Month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>See #75</u>
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

- | | Yes | No |
|--|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | | X |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | X |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | X |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 028-037

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash		237 531	170 837
	26. Accounts Receivable			
	27. Loans Receivable	1		
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5	215 272	215 272
	31. Other Assets	3		
	32. TOTAL ASSETS		452 803	386 109
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable			
	34. Loans Payable	8		
	35. Mortgages Payable			
	36. Other Liabilities	4	232 4	
	37. TOTAL LIABILITIES		232 4	
38. NET ASSETS (Item 32 less Item 37)		450 479	386 109	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 028 - 037

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		428 558	56. To Officers	9	12036
40. Per Capita Tax			57. To Employees	10	50077
41. Fees			58. Per Capita Tax		158803
42. Fines			59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	63850
44. Work Permits			61. Educational & Publicity Expense ...		
45. Sale of Supplies			62. Professional Fees		4979
46. Interest		8171	63. Benefits	11	
47. Dividends			64. Contributions, Gifts & Grants	12	15590
48. Rents		30339	65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		6306
50. Loans Obtained	8		67. Withholding Taxes <i>CREDIT UNION</i>		18064
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	
54. Other Receipts	14	17558	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members ...		
			73. Other Disbursements	15	219291
55. TOTAL RECEIPTS		484626	74. TOTAL DISBURSEMENTS		548996

FILE NUMBER: 028-037

SCHEDULE 1 — LOANS RECEIVABLEForm LM-2 (Revised 2000)

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 028 - 037

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 028-037

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 212 South First Street Rockford, IL 61104	12500		12500	
2. Totals from additional pages (if any)				
3. Buildings (give location): 212 South First Street Rockford, IL 61104	202772		202772	
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	215272		215272	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	
Enter the Total from Line 8 in Item 49				

FILE NUMBER: 028-037

SCHEDULE 8 — LOANS PAYABLE

Form LM-2 (Revised 2000)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 028-037

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. CERVANTES <small>Last Name First Name</small>	RICK <small>Title Status</small>	1932				1932
2. COOK <small>Last Name First Name</small>	GARY <small>Title Status</small>	1932				1932
PRESIDENT						
3. ROSE <small>Last Name First Name</small>	TOM <small>Title Status</small>	480				480
4. FIELDER <small>Last Name First Name</small>	LELAND <small>Title Status</small>	2100				2100
TREASURER						
5. BURTON <small>Last Name First Name</small>	JOHN <small>Title Status</small>	1200				1200
6. LEWANDOWSKI <small>Last Name First Name</small>	THOMAS <small>Title Status</small>	1980				1980
7. LONG <small>Last Name First Name</small>	BRAD <small>Title Status</small>	1200				1200
8. Totals from additional pages (if any)		2436				2436
9. Totals of Lines 1 through 8		12260				13260
10. Less Deductions				1224		
Enter the Total from Line 11 in Item 56 ⇒				11. Net Disbursements 12036		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)


SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 028-037


(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>1. BUCKLER</div> <div>Position</div> <div>SECRETARY</div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div>TRACY</div> </div>	36 034				36 034
<div> <div>Last Name</div> <div>2. PENDERGRASS</div> <div>Position</div> <div>SECRETARY</div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div>JUDY</div> </div>	30 883				30 883
<div> <div>Last Name</div> <div>3.</div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div></div> </div>					
<div> <div>Last Name</div> <div>4.</div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div></div> </div>					
<div> <div>Last Name</div> <div>5.</div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div></div> </div>					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7	66 917				66 917
9. Less Deductions					16 840
Enter the Total from Line 10 in Item 57 ⇨					10. Net Disbursements 50 077

SCHEDULE 11 — BENEFITS


FILE NUMBER: 028-037

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		
Enter the Total from Line 6  Item 63		


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CIVIC	15590
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	15590
Enter the Total from Line 8 in  Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. SUPPLIES	40888
2. TELEPHONE	22962
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	63850
Enter the Total from Line 8 in  Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. INITIATIONS	16558
2. MISCELLANEOUS	1000
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	17558
Enter the Total from Line 17 in  Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. ADVERTISING/PROMOTION	36435
2. CONTRACT LABOR	4475
3. DELEGATE DC	12851
4. DUES-MEMBERS	4290
5. INITIATION	5250
6. REPAIRS AND MAINTENANCE	53554
7. PROPERTY TAXES	8552
8. UTILITIES	15067
9. MEETING EXPENSES	6548
10. INSURANCE	14086
11. PICKETING	17598
12. EDUCATION	18569
13. RETIREMENT	12558
14. GIFTS GIVEN	400
15. MISCELLANEOUS	4899
16. Total from additional pages (if any)	4159
17. Total of Lines 1 through 16	219291
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME: CARPENTERS LOCAL #792

ENDING DATE OF PERIOD COVERED: 6/30/02

FILE NUMBER: 028-037

PAGE 1 OF 2 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: <u>LINDSTROM</u> First Name: <u>JOHN</u>		<u>756</u>				<u>756</u>
Title: _____ Status: _____						
Last Name: <u>SNIDER</u> First Name: <u>REBECCA</u>		<u>480</u>				<u>480</u>
Title: _____ Status: _____						
Last Name: <u>SANCHEZ</u> First Name: <u>JAMIE</u>		<u>1200</u>				<u>1200</u>
Title: _____ Status: _____						
Last Name: _____ First Name: _____						
Title: _____ Status: _____						
Last Name: _____ First Name: _____						
Title: _____ Status: _____						
Last Name: _____ First Name: _____						
Title: _____ Status: _____						
Last Name: _____ First Name: _____						
Title: _____ Status: _____						
Totals		<u>2436</u>				<u>2436</u>

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

CARPENTERS LOCAL # 792

FILE NUMBER 028-037

6/30/02

PAGE 2 OF 2 ADDITIONAL PAGES

SCHEDULE 15 - OTHER DISBURSEMENTS (CONT.)

<u>DESCRIPTION</u> <u>(A)</u>	<u>AMOUNT</u> <u>(B)</u>
Subscriptions	191
Health promotion	1464
Lost wages	1671
Bank charges	<u>833</u>
Line 16 TOTAL	<u><u>4159</u></u>

